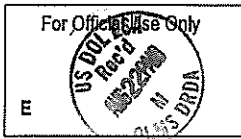


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>10975</u>	2. Fiscal Year Covered From: <u>01 / 01 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>ALAN</u> <u>F.</u> <u>DMO</u> <u>OMO</u> P.O. Box, Bldg., Room No., if any _____ Street <u>949 KAPIOLANI BLVD. Suite 100</u> City <u>HONOLULU</u> State <u>HAWAII</u> ZIP Code + 4 <u>96814</u>	4. Name, file number, and address of labor organization. Name <u>IATSE LOCAL 665</u> Labor Organization File Number <u>012983</u> P.O. Box, Building and Room Number, if any _____ Street <u>949 KAPIOLANI BLVD. Suite 100</u> City <u>HONOLULU</u> State <u>HAWAII</u> ZIP Code + 4 <u>96814</u>
5. Position in labor organization. <u>VICE-PRESIDENT of STAGE / TRUST FUND - UNION TRUSTEE</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

9/14/05
Date

(508) 596-0227
Telephone Number

Name of Person Filing

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name LOCAL 665 TRUST FUNDTrade Name, if any: 96 GROUP PLAN ADMINISTRATORS, INC.

P.O. Box, Bldg., Room No., if any

Street 222 SOUTH VINEYARD ST. PH4City HONOLULUState HAWAII ZIP Code + 4 96813

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name LOCAL 665 TRUST FUNDTrade Name, if any: 96 GROUP PLAN ADMINISTRATORS, INC.

P.O. Box, Bldg., Room No., if any

Street 222 SOUTH VINEYARD ST. PH4City HONOLULUState HAWAII ZIP Code + 4 96813

11.a. Nature of such dealing.

SEE ATTACH

11.b. Approximate dollar value of such dealing.

\$ 337.90

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Local 665 IATSE Trust Funds
Payments for Union Trustee Allan Omo

Payment Date	Payor	Event	Payment Amount
08/09/04	Local 665 IATSE Annuity Fund	IF Conference - New Orleans	\$ 183.25
08/09/04	Local 665 IATSE Health and Welfare Fund	IF Conference - New Orleans	\$ 51.95
01/13/04	Cadinha & Co., LLC	01/13/04 Board of Trustees Meeting	\$ 30.05
04/13/04	Smith Barney	04/13/04 Board of Trustees Meeting	\$ 31.83
07/13/04	Group Plan Administrators, Inc.	07/13/04 Board of Trustees Meeting	\$ 32.50
10/26/04	Cadinha & Co., LLC	10/26/04 Board of Trustees Meeting	\$ 8.32
Total:			\$ 337.90

International Foundation Conference - New Orleans (10/31/04 - 11/03/04)

\$ -	Registration
\$ 235.20	Airfare (cancellation fees)*
\$ -	Car Rental
\$ -	Hotel
\$ -	Travel Advance
\$ -	Incidentals
<u>\$ 235.20</u>	Total Trustees Travel Expenses (Amount allocated between Annuity and H&W Funds above)

*Fee for cancellation of flight due to educational conference cancellation.